

VETERANS AFFAIRS SUPPORTIVE HOUSING (VASH) RENTAL ASSISTANCE
TENANT RESPONSIBILITIES

I, _____, understand that **all** members of my household including myself must abide by the Family Obligations of the Veterans Affairs Supportive Housing Voucher Rental Assistance Program. I understand that **all** changes of income or family composition must be reported, in writing, to my **caseworker Margarita Bermudez** and Vallejo Housing Authority **within ten (10) business days**. Forms are available in the lobby of Vallejo Housing Authority and City of Vallejo website www.ci.vallejo.ca.us.

1. _____ I **must** supply any information that the PHA or HUD determines is necessary in the administration of the program, including submission of required evidence of citizenship or eligible immigration status. Information includes any requested certification, release or other documentation.
2. _____ I **must** supply any information requested by the PHA or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition in accordance with HUD requirements
3. _____ I **must** disclose and verify social security numbers and **must** sign and submit consent forms for obtaining information in accordance with HUD requirements.
4. _____ Any information supplied by the family **must** be true and complete.
5. _____ I **must** report changes in income for **all** family members, regardless of age. I **must** provide written verification of all income. I must attend all scheduled appointments at the Housing Authority.
6. _____ I **must** allow the Housing Authority to inspect the unit at reasonable times and after reasonable notice. I **must** be present for inspections of my unit or have someone 18 years or older available at the unit for the Inspector at the scheduled time of my inspection.
7. _____ I understand that **only persons** listed on the lease/rental agreement and approved by my **caseworker Margarita Bermudez** and the Housing Authority can reside in the assisted unit. I **must** obtain written approval from the Housing Authority and property owner/manager before allowing anyone to move into the unit. I must notify the Housing Authority of the changes in my household composition due to anyone moving in or out, or the marriage, recent birth, adoption, or court-awarded custody of a child, within **ten (10) business days**.
8. _____ I understand that **only persons listed** on the lease/rental agreement and approved by the Housing Authority may use the assisted residence as a mailing address, or as the address on their California Driver License or California Identification card.
9. _____ I understand that members of my household including myself **must not** commit any serious or repeated violations of the lease. (**Example: non-payment of rent, and/or utilities**).
10. _____ I **must** give my **caseworker Margarita Bermudez** and the Housing Authority and the property owner/manager a written notice before moving out of the unit or terminating the lease /rental agreement.
11. _____ I **must** promptly give my **caseworker Margarita Bermudez** and the Housing Authority a copy of any notice from the property owner/manager, **including** 3-day notices, 30-day notices, 90–day notices and Unlawful Detainers.
12. _____ I **must not** receive Veterans Affairs Supportive Housing Voucher Rental Assistance Program (VASH) while receiving another housing subsidy, for the same unit or a different unit under any Federal, State, or local housing assistance program.

- 13. _____ I understand that members of my household including myself **must not** damage the unit or premises (other than damage from ordinary wear and tear) nor permit any guest to damage the unit or premises.
- 14. _____ I understand that members of my household including myself **may not** participate in drug related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.
- 15. _____ I understand that members of my household including myself **must not** abuse alcohol in a way that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.
- 16. _____ I understand that I will be **responsible for repayment** to the Housing Authority of any overpayment of subsidy made on my behalf due to failure to report changes of income, family composition and/or fraudulent activity on my part.
- 17. _____ I understand that members of my household including myself **must not** engage in or threaten abusive or violent behavior toward PHA personnel.

I understand that failure to comply with the Family Obligations listed above may result in termination of rental assistance. **(All adults 18 and over must sign this form)**

Signature _____	Date _____

~~~~~**IMPORTANT PLEASE READ CAREFULLY**~~~~~

**Warning:** Section 1001 of Title 18 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States. I certify by signing below, that I have supplied accurate and complete information. I understand that reporting false or incomplete information is fraud and may result in **denial or termination** of rental assistance. **(All adults 18 and over must sign this form)**

|                 |            |
|-----------------|------------|
| Signature _____ | Date _____ |

**This form reviewed with the client and a copy provided to the client on the above date.  
Housing Representative: Cheryl Broome, Sr. Housing Specialist Vallejo Housing Authority**